

**Before the  
FEDERAL COMMUNICATIONS COMMISSION  
Washington, D. C. 20554**

In the Matter of:

Notice of Proposed Rulemaking (NPRM)	)	
Regarding the Universal Service Support Mechanism	)	WC Docket No. 03-288
for Rural Healthcare.	)	

**California Telemedicine and eHealth Center Comments**

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## **Comments of the California Telemedicine and eHealth Center**

The California Telemedicine and eHealth Center (CTEC) is pleased to submit the following comments in response to the Commission's Notice of Proposed Rulemaking (NPRM) in the above captioned proceeding.

CTEC is a statewide resource for healthcare providers interested in applications of telecommunications and eHealth technologies. CTEC was established in 1997 with foundation support. During the first five years, CTEC facilitated the growth of telemedicine and eHealth in California by working with all stakeholders. Central to CTEC's program has been its regranting program designed to support demonstration and network projects. CTEC has supported over 90 projects throughout California. CTEC also established the Telemedicine Learning Center in partnership with the University of California, Davis Medical Center to provide professional training and Telemedicine and eHealth protocol, implementation, and technique. CTEC has focused funding in rural areas throughout the state including Indian Health clinics to help reduce the rates of blindness and vision impairment associated with diabetic retinopathy among Native Americans. The next round of support will be focused on improving rural health services delivery through the development, expansion, and support of telemedicine and eHealth networks. CTEC is currently supported by The California Endowment.

### **Definition of Rural**

Although often perceived as an urban state, California is the third largest state with 85% of the land mass rural and frontier. Due to the geographically large counties any definition that utilizes counties as the smallest unit of measure is very unfair to many

western states and especially California. Geographically large metropolitan counties are a problem because they meet the MSA definition, but contain rural residents who may have to travel hours to reach the “urban cluster” and therefore, the nearest health care facility. One California County, San Bernardino, is the largest county in the nation with more than 20,000 square miles—larger than eight individual states. San Bernardino County is an MSA. The city of San Bernardino sits at one corner of the county, the rest of the county is desert and much of the county meets the definition of frontier. But any small isolated community and/or health provider in this county is considered “urban” if one is utilizing the MSA/nonMSA definition of rural. The Office of Management and Budget that defines MSAs has stated the Metropolitan and Micropolitan Statistical Areas should not serve as a general purpose geographic framework for non-statistical activities and may not be suitable for program funding formulas due to the fact that both urban and rural territory and populations are included in these designated areas.

Also, many national definitions of rural present problems in California due to the unique geographic and weather extremes. Communities located at 10,000 feet elevation, located on an island, or in regions with temperature of 125 degrees do affect ones ability to travel for healthcare. It is understandable that a national definition would be desirable, but it is also critical that the implementation of a “one size fits all” takes into consideration the variability of rural regions.

One definition that has been utilized to help address the problems with large geographic counties is the application of MSA/nonMSA as defined by the Office of Management and Budget (OMB) with the addition of the Goldsmith Modification. This addition allows some sub county regions to qualify as rural. It appears that the Goldsmith

modification will not be updated and thus the Office of Rural Health Policy (ORHP) with the Health Resources and Services Administration (HRSA) has looked for a new definition of rural. They are currently working on the Rural-Urban Commuting Areas (RUCA) as a methodology for defining rural. When the RUCA methodology is applied in California, some rural areas (including frontier areas) are inaccurately identified as urban. One example is a portion of Modoc County under RUCA is urban. This county (3,944 square miles) is a nonMSA county and the entire county meets the definition of frontier. A portion of the county is designated as urban under the RUCA methodology, clearly a flaw or mistake. The RUCA methodology, although better than a county definition, needs work and should not be considered ready for adoption at this time.

The definition included in the 2004 Omnibus Appropriation Bill in which Congress struck down the MSA requirement for eligibility for the USDA Rural Broadband Grant and Loan Program to include any city of 20,000 persons or less as rural. This definition seems broad enough to encompass rural communities and could be further defined with distance criteria to an urban core if necessary.

Due to the differences among states, the FCC program could recognize State definitions of rural that have been sanctioned by a federal agency. In California, underserved areas are defined by Medical Service Study Areas (MSSA) which are sub county regions and either rural and urban.

Whatever the FCC decision is, the definition should be broad so as to assure eligibility for all rural areas across the nation.

## **Recommendations**

- 1) Accept the definition of rural as amended by the 2004 Omnibus Appropriations Bill for the USDA Rural Broadband Grant and Loan Program. That definition states the term “eligible rural community” means any area of the United States that is not contained in an incorporated city or town with a population in excess of 20,000 inhabitants.**
- 2) Consider allowing state-definitions of rural that have been sanctioned by a federal agency.**
- 3) If a national definition is adopted such as the RUCAs, include an appeal process so that when a truly rural community is excluded due to flaws in the methodology, there is an avenue to make exceptions.**

CTEC appreciates the opportunity to provide comments.

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